0	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
	item	sho	00	
	5. Every	SICIANS	atement	
	ECOR	PHY	act st	
	T RE	Y.	Ex	
MARGIN RESERVED FOR BINDIN	RMANEN	XACTI	classified.	
R BI	A PEI	ted E	perly	TION is very important. See instructions on back of certificate.
F0	SIS	stai	pro	certi
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1	-WRI	matio	CAU	TION

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95.20
County Howard	Registration Dist. No. 195
Village or City Colesville Md	NoSt., Ward
Length of rosidonco in city or town whore doubt occurred 6/yrs4_mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME 6 lezabeth Carroll	
(a) Residence: No. Colesville Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH 3 (Month) 4 (Day) 193/ (Year)
Sa. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
17 41 CM 16/0	3 / 4 193 /
6. DATE OF BIRTH (month, day, and year)	I last saw bla. aliva on 3/4, 193/; death is said to have occurred on the date stated above, at / 0 3 0m.
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
6/ 4 /7 ormin.	wero as follows: Date of onget
8. Trada, profession, or particular kind of work dona, as SPINNER, Lousewolf, SAWYER, BOOKKEEPER, otc.	Well Gostie Delitation 3/4/3.1
9. Industry or businoss in which work was dono, as SILK MILL, SAW MILL BANK etc.	V
10. Data deceased last worked at this occupation (ment) and 11. Total time (years) spent in this 4 occupation	
12. BIRTHPLACE (city or town) Colesvillo Md	Other Contributory Causes of importance. Ocute Cardine Delitation 3/4/31
96.00.	
13. NAME Pulleaux D. Cagle 14. BIRTHPLACE (city or town) Colean felle Mid	Namo of operation
(State or country)	What tost confirmed diagnosis? Was there an autopsy? 1
15. MAIDEN NAME Freebre Suowden	23. If doath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Howard Cy (State or roundry)	Accident, suicide, or homicida?
How the Court of	Whore did injury occur? (Specify city or town, county and State)
17, INFORMANT (Address) Cole Aville, Und	Spocify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bocous Chapel Dato March 8th, 19.3/	Mannar of injury
19. UNDERTAKER Hoyal Kaiser (Address) \$70 Main St Laurel Med.	24. Was disease or injury In any way rolated to occupation of deceasod?
20. FILED 3 17 31 19 Trank Shipley,	(Signad) B. Marrin M. D. (Address) Fally & Conf.
If more blanks are meeded address State Parish as	24 N. Charles Street Bellevine Property 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injurics. Examples:

Example I	1	Example II	3-116
The principal cause of death and related causes of importance were as follows: Arteriosclerosts APR 1 1931		The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage REAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

1	03294
PLACE OF DEATH	STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
Pag 1	Registration Dist. No. 192
Village or Citylletta (No. 2FULL NAME George	St.: Ward) St.: Ward) A lospital or institution, give its NAME in stead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male, Acolor or RACE SSINGLE, MARRIED, Memile OR DIVORCED OR DIVORCED	16 DATE OF DEATH Franch 320, 1931
6 DATE OF BIRTH	(Month) (Day) (Year)
10 n/a 27 ,810	Feb 18 00 10 Mar 1 st 102
(Month) (Day) (Year)	that I last saw h 3m alive on That 1 1923/
7 AGE / IfLESS than	and that death occurred on the date stated above, at 930 A. m.
8/ yrs. 4 mos. 4 ds. or min.	The CAUSE OF DEATH * was as follows:
yrs. mos. de. or min,	Coma ensuing from Cerebral
(a) Trade, profession or particular kind of work	Corora Hearing
(b) General nature of industry business, or establishment in	0 0
which employed or (employer)	Character (but han to an weed Volente
9 BIRTHPLACE (State or country) Manufaut	Contributory MINO DINION TOTALY 515, VOLVILLAL Secondary Charles (Duranes) Y VI. Aug.
10 NAME OF	(Signed) Davill B. Streeter M. D.
FATHER John Else Toade	MM 1/ 1923/(Address) Shronyelle Mil
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
R 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of Mother levoien orrudge	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Mar Yland	At place of deathyrsmosds. In theyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) mrs Wichsah Usercade	Former or usual residence
(Address) knomolloville ud-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File Man. 4 1923/ Mps alice W. Helf	20 UNDERTAKER SOM Syssemble
If more hanks are needed added a State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None business: that fact may be indicated thus; Farmer (10 or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed ployed. us At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician. tion applies to e.ch and every etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salcsman. without more precise specification as Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) Automobile factory. The material person, irrespective of (b) Grocery; Day

stinal meningitis"; Liphtheria avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise se. Examples: Corcbrospinal Statement of Cause of Death-Name, first, the DIS to time and causation, using always the same accent-EATE CAUSING DEATH the primary affection with respect Typhoid feeer (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia "Pneumonia, RECEIVED

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drepsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by as fracture of skull, and consequences (e.g., sepois, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) affection need Whooping American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, cough; Committee on chronic vasuum.
> nenhriis, etc. The contributory Nomenclature of the

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is AP permanently filed. If this certificate is looked over thoroughly and all questions

See Instructions on back

very important.

(Address)

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	PLACE OF	DEATH
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STATE OF MARYLAND TIPICATE OF DEATH

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egistration	Diet N	. /	91

County Howard	Registration Dist. No. 1913
Village or City alberton (No	St.: Ward) (If death occurred in a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temal white Single, MARRIED, WIDOWED, OR DIVORCED CONTROL (Write the word)	16 DATE OF DEATH March 16, 1923/(Month)——(Day)(Year)
October 10 , 1928 (Month) (Day) (Year) 7 AGE (If LESS than	that I last saw h Walive on March /4, 198/. and that death occured on the date stated above, at 6 40 A. m.
2 yrs. 6 mos. 6 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry usiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Marylend	(Duretion) yis 6 mas de. Contributory Congenital lucs Secondary (Duretion) 2 yis 6 mos de
10 NAME OF FATHER SAACE Errnis 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) CAPA A STATE M. D. *State the Disease Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
(Informant) Isaac Emmis.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more banks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

Monnascea 20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locamotive engineer, Civil engineer, Stationary freman, etc. But in many cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Nervant, Cook, Housemond, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an eupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE GAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement Never return 'Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The naterial For many occupations a single word or term on Farm laborer, Laborer- Coal mine, etc. Womyrs). For persons who have no occupation without more precise specification as Day Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosyinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumania ("Pneumonia");

> "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart "Old Age," "Old Age, atic), "Atrophy," "Collapse," "Conva," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," tions, such as "Asthenia," "Anaemia" (mercly symptomstated unless important. Example: Measles (disease (secondar, or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinonue, Sarcoma., etc., et (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably survide. 'The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; American Medical Association.) Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on Chronic etc. villedas heart Nomenslature Always qualify all The contributory " Shock," disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A it he date is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of of importance were as follows:	
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURRAU V.S.	July 5,1927	Peritonitis	3 days ago
	_		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

supplied. ACE should be stated EXACKLY, PHYSI-in terms so that it may be properly classified. Exact See instructions on back of certificate. BIND MARGIN RESERVED FOR WITH UNFADING INK--THIS information should be carefully satate CAUSE OF DEATH in plain CCUPATION is very important. So WRITE PL

1	1	PHYSI-
X		>
1		DO EXACT

statement of

PLACE OF DEATH

63297

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

nee

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

PE	RSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE	SSINGLE, MARRIED, Warred WIOOWED. Warred OR DIVORCEO (Write the word)	16 DATE OF DEATH 27, 19237
6 OATE C	Nov 15 (Month		17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw h alive on 192
7 AGE	KK yrs. 5	mos. 12 de. or min.?	
(a) Trace particular (b) Gen business	de, profession or ar kind of work eral nature of industry , or establishment in mployed or (employer)	Talrores Farm	Self mil safle sails B (Durstion) yre mos de.
10 N/	AME OF THER John H.	Hures	Secondary (Duration) (Signed) M. D.
OF Z (S	FATHER State or country) Mary AIDEN NAME	sland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BI OF	RTHPLACE MOTHER Rate or Country) Mar	yland	At place of death yrs mos. pds. f State yrs mos ds. Where was disease contracted,
134 131	rmant) John Ty	Huies	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
15 Filed	3/30/31 192 JU	anh Shipley Registrar	20 UNDERSKER TRANSER James Med
	If more branks are	needed, address State Registra	r, 16 W. Sayatoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

loborer, Form laborer, Laborer—Coat many loborer, Form laborer, Haborer the duties of the should be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servout, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Solesmon. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer Foreman, For many occupations a especially in industrial employments, it is neces-(b) Automobile factory. The material single word or term on 6 Grocery,

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

tetonus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL scpticacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, Examples: Accidental drowning; Struck by roilwoy troin-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, or intercurrent) affection need not be ss important. Example: Measles (disease Chronic volvulor heart disease; and consequences (e.g., sepsis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	63298 STATE OF MARYLAND
County Toward	CERTIFICATE OF DEATH
West Strand Lit	Registration Dist. No. 192
Village or City VILLUNG VILLE OF	St:: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, MARVIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DOTH 25 , 1931
Month) (Day) (Year)	that I last saw h & All alive on Man Sh. 25, 1934.
7 AGE 59 yrs. mos. 7 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Housewife	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Flaustion (Duration)
(State or country) Howard too, Mid	Secondary (Dyration) Just Just Just Just Just Just Just Just
10 NAME OF Charles S- Wilcox	(Signed January 3. Streeter M. D. Mar 26 1931 (Address) Syxenville Mis
OF FATHER Z (State or country) Howard Co	*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MINUL 2/ Pelle	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country)	At place of deathyrsds. ln theyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, if not et place of deeh?
(Informant) AMS Robert Gros	Former or usual residence
(Address) Sylver Alle, red.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mar 18 198/
Filed Mar 27 1931 Mrs alice Helling Registrar	20 UNDERTAKER SON Systemille
If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE UNITED STATES STANDARD OF DEATH

(Approved by U. S. Census and American Public Health Association.)

whatever write None. state occupation at beginning of ill. ess. If retired from guged in dome-tic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housevije, Housework, or At Hemer and children, not gainfully employed as At school of At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of ocbusiness: that fact may be indicated thus; Harmer Cocor given up on account of the DISEASE CAUSING DEATH, household only anot paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer Spinner, (b) Collan mill; (a) Sulcanum, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement.

Never return "Laborer." "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physician, Compositor, the first line will be sufficient, e. g. . Farmer or Planter, tion applies to each and every report specifically the occupations of persons enetc., engineer, Stationary fireman, etc. But in many For many occupations a single word or term on without more precise specification as Day (9) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-Architect. person, irrespective of Locomolive engineer,

spinal meningitis'; Diphtheria avoid use of "Croup ed term for the same disease. Examples: Corebrospind Statement of Cause of Death-Name, first, the bis Typhoid fever never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebro to time and causation), using always the same accept-EA I I'VE ING DEATH the primary affection with respect pneumonia, Bronchopneuminia "Pnoumonia,"

> American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcona, etc., oi carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Angemia" (merely symptom causing Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly (secondary or intercurrent) affection need Whooping as fracture of skull, and consequences (e.g., sepeis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid cough; Chronic valeular etc. The contributory Nomenclature of the heart disease not be

permanently filed. If this certificate is looked over thoroughly and all questions prosvered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

2	0	PHYSI-
/	CORD	pplied. ACE chould be stated EXACTLY, PHYSI- erms so that it may be properly classified. Exact
57	NENT	te stated be proper
VED FOR BINDING	THIS IS A PER NENT	t it may
FOR	IS A	. ACE
/ED	-THIS	pplied

PLACE OF DEATH County Howard	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 194
Village or City My Somuelle (No. 2FULL NAME Cleans Johnson PERSONAL AND STATISTICAL PARTICULARS	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Monde. 18 , 193/ (Month) (Day) (Year)
Sept. 10, 1919 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 16 1931 to 192 , that I last saw hy alive on March 16 , 1931,
7 AGE If LESS that I day hrs I day	. The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) B BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Duration) (Duration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Addres
(Address) Clubsoula Mg Filed Mu 20 1931 S Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3-30, 1931 20 UN DERTAKER ADDRESS ADDRESS ADDRESS
	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

WRITE PL

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. sary to know the first line will be sufficient, c. g., Farmer or Planter, Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-coat men at home, who are engaged in the nature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term of Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (a) the kind of work and also (b) the duties of the 6 Grocery, DEATH,

Statement of Cause of Death—Name, first, the pissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. affection need not be valvular heart disease; The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

N. B.--

PLACE OF DEATH County Noward	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Como (No. 2FULL NAME LITTA M. Hug	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensel 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED (Word the word)	16 DATE OF GEATH March Month 30 (Day) 1937 Near)
6 DATE OF BIRTH Sept 7 7 1863 (Month) (Day) (Year)	that I last saw her alive on Wareh 2 8 1923 !.
7 AGE 67 yrs. 6 mos. 23 ds. or min.?	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry husiness, or establishment in	(Duration) Vis. L mos. de
which employed or (employer)	Contributory Secondary (Durstion)
10 NAME OF Stephen Gerard H	(Sighed) Hawkithisley M. J. (Address) Savagf E, Mil
OF FATHER (State or country) 12 MAIDEN NAME (A)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
OF MOTHER YVIGAY M. COUSING 13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	ients or Recent Residents) At place of deathyrsmosds, Stateyrsmosds
(Informant) Bun Hyd E	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Jessey. Uld	Savoge Ceretary 4 1 1,31
15 Filed March 3 193 LE But William	Lloyd Kaiser Lamel, led
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. , etc., without more precise specification as Day Foreman, Or. For many occupations a single word or term on yrs). Farm laborer, At Home, and children, Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many If the occupation has been changed Laborer-Coal mine, etc. Locomotive engineer, not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; L. stated unless important use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by 99 Committee on "Heart failure," "Haemorrhage, Chronic Example: Measles (disease chopneumonia (secondary), affection need not be etc. The contributory valvular heart Nomenclature Always qualify all "Haemorrhage, discase;

If this certificate is looked over theroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AFR 2 193

PLACE OF DEATH	13301 STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
	Registration Dist, No. 191
Village or City Ellicott City McNo.	Fells Ave. St.: Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single MARRIED, MIDOWED. CR. DIVERCED MATE	ied March 26,1931, , 192 (Month) (Day) (Year)
***************************************	74 1987 to 2 6, 192 7, 192 2, that I last saw h alive on 192 2, 192 2,
AGE	SS than and that death occurred on the date stated above, at4 . P . Mm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Carpenter (b) General nature of industry business, or establishment in which employed or (employer)	Contributory a Lac athm
(State or country) Maryland	Secondary Duratton 7 mos de.
10 NAME OF FATHER Oliver Jones	(Sizzed) Jay (Address) Ellerstalan
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Sarah Connor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of deathmosds. In the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Informant) Mrs.Bessie Jones	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Fells Ave., Ellicott Cit	y,Md St. Johns Cemetry March 29, 1931.
Filed man 28 1921 W/d Lissel	Faston Sons Ellicott City.M

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Easton Sons

Registrar

Ellicott City, Mc

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locamative engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Housemaid, etc. Foreman, For many occupations a Or Farm laborer, yrs). At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Laborer-Coal mine, etc. Womsingle word or term on not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar · pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., whon a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles;: (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Whooping approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of Never report mere symptoms or terminal condi interstitial FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage cough; nephrilis, Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 03302
1. PLACE OF DEATH	46 100
County - Howards	Registration Dist. No. 175
Village or City Har Kaurel	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long io U.S. if of foreign birth?yrsmosds.
2. FULL NAME Calphy Masur	
(a) Residence: No. Mesh Kautel Mid	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. i HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year)	I last saw h elive on 2 1987; death is said
7. AGE Years Johnths Days If LESS than 1 day. hrs.	to have occurred on the date steted above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade profession or particular	were es follows: Date of onset
kind of work done, 85 SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	
10. Date deceased last worked at this occupation (month and year) spant in this occupation	
12. BIRTHPLACE (city or town) Jesucury (State or county)	Other Contributory Causes of importence:
13. NAME That Masues	
14. BIRTHPLACE (city or town) Germany	Name of operation Date of
(Visite of country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME May Moodineyes	23. If death was due to external causes (VIO ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Ms. Flank Haller (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURJAL CREMATION, OR REMOVAL TO PROCESSOR 1931	Manner of injury
19. UNDERTAKER A LANG KAUSEN (Address) Justicel Md.	24. Was disease or injury in any way related to occu pation of deceased? If so, specify
20. FILED 3/3/19 Hanh Slipley,	(Signed) 73 ft. M. D. (Address) Xanus ft.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

21	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH		STAT	E OF MARYLAND
County Afward		(A) CERTI	FICATE OF DEATH
0.0		Re	gistration Dist. No. 193
Village or City (No. (No.		St.:	Ward) (If death occurred in a hospital or institu-
2FULL NAME	Myur	4	tion, give its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL CERT	IFICATE OF DEATH
Male Colonel 5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the w	CED //	16 DATE OF DEATH MAN	(Day) (Year)
DATE OF BIRTH (Month) (Day)	· ·	that I last saw have alive on.	That I attended the deceased from to multiple 1936 Mare 1
yrsmos.	If LESS than I day hrs. or min.?	and that death occurred on the The CAUSE OF DEATH * was as	date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry		Irdnonsop	ulsintalis
business, or establishment in which employed or (employer)	***************************************	Contributory	uration)yrsmosds.
(State or country)		Secondary (D	uration)yrsnosde.
10 NAME OF FATHER Work Mysro	,	(Signed) (Address)	Clarkantle me
OF FATHER (State or country)		*State the Disease Cau Violent Causes, state (1) M Accidental, Suicidal or Homicida	sing Death, or, in deaths from eans of injury and (2) Whether I.
of MOTHER Lina Estelle 18	mll		(For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER		At place of deathyrsmosds.	In the Stateyrsmes,ds
(State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNO	WLEDGE	Where was disease contracted, if not at place of death?	***************************************
		Former or usual residence	***************************************
(Informant)		19 PLACE OF BURIAL OR REMO	
Filed 192		20 UNDERTAKER	ADDRESS

V. S. No. 1

ż

MARGIN RESERVED FOR

WRITE PLANLY, WITH UNFADING INK--THIS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servand, Cook, Housemuid, etc. If the occupation has been changed household only (not paid Houseksepers who receive a definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken Physician, cupation is very important, so that the relative healthreport specifically the occupations of persons en-Foreman, or At Home, For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The materia and children, Laborer-Coal mine, etc. Salesman, (b) Grocery, Locomotive engineer, not gainfully em-The ques-Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*erebrospinal feber* (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Spinal meningitis"); Diphtheria avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,");

approved by atic), "Atrophy," "Collapse, American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perdonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., whon a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronie valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH	03303 STATE OF MARVIAND
County Howard	STATE OF MARYLAND
*	CERTIFICATE OF DEATH
Leo 1	Registration Dist. No. 199
PERSONAL AND STATISTICAL PARTICULARS	St.: Ward) St.: Ward) (If death occurred a hospital or in tion, give its NAM stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED	16 DATE OF DEATH
WIDOWED Harried OR DIVORCED (Write the word)	(Month) (Day) (Yea
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased
Mov- 20, 186	1 7 th 2 1921. to Mar 21 , 19
(Month) (Day) (Year)	that I last saw h la alive on Muse ful 192
7 AGE If LESS tha	
yrsds. ormin.	
8 OCCUPATION (a) Trade, profession or	Valrylar desease of heart
particular kind of work thousand	and the state of t
business, or establishment in which employed or (employer)	(Duration) yrs mes
9 BIRTHPLACE	Contributory A Water H lugar
(State or country) Howard Co. M.d.	Secondary
10 NAME OF FATHER VI. 0 - 1	(Signed) (Signed) (Signed)
11 PIPTUPI ATE	Mar 22 198 (Address) Clarks relle ma
OF FATHER Z (State or country)	
TI 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whethe Accidental, Suicidal or Homicidal.
of MOTHER Margaret Bringes.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tr
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or Country)	of deathyrsmosds. Stateyrsmos Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mrs. Mrs. Day	Former or usual residence
(Address) Elensly Md.	Mr. View Cursley Mar 23, 19
Filed Mu 22 198/ Sa Aulus Registrar	20 UNDERTAKER ADDRESS
If more branks are needed, address State Registra	16 W Section St. Police P W. S

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

DEATH - 21, 1923/ (Day) (Year) ded the deceased from

Institutions, Trans-

...yrs.....mos.....ds.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseen at home, who are engaged in the dutics of the whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a laborer, Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, Farm laborer, (b) Cotton mill; (a) specifically the occupations of persons en-(6) For persons who have no occupation Automobile factory. The material Laborer-Coal minc, etc. Wom-Architect, Salesman, Locomotive engineer, not gainfully em-6

Statement of Cause of Death—Name, first, the III-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspiul fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

BURE permanently filed.

Lans

vered in detail, it will prevent further correspondence. All the sis essential and must be obtained before the certificate is

approved by Committee on use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) 'telliques) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (secondary or intercurrent) Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercarbolic acid-probably suicide. taken. FOR VIOLENT DEATHS state MEANS OF INJURY (Recommendations on statement of cause of death if this certificate is looked over thoroughly and a'l questions "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease The nature of the injury, valvular heart disease; affection need etc. The contributory Nomenclature " Shock," Measles;

PLACE OF DEATH

Clans should statement of

V. S. No. 1

	County Toward	CERT!FICATE OF DEATH Registration Dist. No. 191
	Village or City USellowno	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	MARRIED, WIDOWED, OH DIVORCED (WATE the word) G DATE OF BIRTH MARRIED, WIDOWED, OH DIVORCED (WATE the word) 1 93	16 DATE OF OEATH (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from March 1931, to March 25, 1937,
	(Month) (Day) (Year)	that I last saw h Malive on March 28, 1931
X	7 AGE Jrs. Jrs.	and that death occurred on the date stated above, at 10.4.5 fm. The CAUSE OF DEATH * was as follows: Drancho Plumonia
1	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration)yrsmosds. Contributory Secondary
	10 NAME OF FATHER CLEASE W. RELVES. 11 BIRTHPLACE OF FATHER (State or country) Mary land.	(Signed). Clysha M. D. Jerbert M. D. J. State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER OF MOTHER (State or Country) ew Josh	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
	(Informant) W. Reeves (Address) albeiton Ma	Former or usual residence. 19 PLAGE OF BURIAN BENEMOVAL DATE OF BURIAL DATE OF BURIAL May. 30, 193/
	Filed May. 30 1921 WT Frusell Registrar	Caston Sons Clues lite
11	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

03304 STATE OF MARYLAND

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servout, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enlaborer, Housemaid, etc. Foreman, For many occupations a OĮ. yrs). Form laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile foctory. The material without more precise specification as Day At Home, and children, For persons who have no oecupation If the occupation has been changed single word or term on not gainfully em-

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Corebrospina EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS to time and causation), using always the same accept (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Urucmia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Exhaustion," "Heart failure," "Haemorrhage, Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection Committee on Nomenclature Chronic ctc. The contributory valvular heart disease; need not be

answered in detail, it will prevent further correspondence. All the If this certificate is looked over theroughly and all questions

permanently filed

	N	Y, PHYSI-	led. Exact	/
	NT T CORD	stated EXACT	properly classif	of cortificate.
BINDMIG	PERMANE	ed bluods 3	at it may be	you hack o
FOR	S IS A	d. ACE	so tha	retotion
MARGIN RESERVED FOR BIND/MG	WRITE PLANTY, WITH UNFADING INKTHIS IS A PERMENENT TOORD	Every item of information should be carefully supplied. ACE should be stated EXACTEY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	etatement of OCCIDATION is very important. See instructions on back of certificate.
(4) WRITI	Every item	CIANS Sh	etatement

PLAC	E OF DEATH		STATE OF MARYLAND		
County Howard		C	ERTIFICATE	OF DEATH	
			(39)	Registration	Dist. No. 191
	Lty Ellicott (Fells Ave.	St.: Ward	(If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSO	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL	CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE	5 SINGLE,	16 DATE OF DEATH		
Female	Colored	MARRIED. Widowed WIDOWED. OR DIVORCED (Write the word)			26 , 19 2]
6 DATE OF B		16 , 1,877 (Day) (Year)	17 / I HEREBY CE	1927/. to	tended the deceased from
7 AGE	53 yrs. 10	If LESS than I day hrs.	The CAUSE OF DEATH	was as follows:	d above, at 2.40 A.m
particular k (b) General business, or	profession or ind of work nature of industry establishment in	Domestic	Jun	(Duration)	yıs. mos da
9 BIRTHPLAC (State or c	country)		Contributory Secondary	<i></i>	
10 NAME FATHE		and Williams	(Signed)	1 an	yrsdi
of Father Z (State or country) Maryland		*State the Diseas Violent Causes, state Accidental, Suicidal or H	se Causing Death,	or, in deaths from njury and (2) Whether	
Y OF MO	TUCO	Clla Henson	18 LENGTH OF RESID	ENCE (For Hospi	itals, Institutions, Trans
	THER or Country)	ary land	At place of deathmos	-d	teyrsmos
	E IS TRUE TO THE BEST		if not at place of death? Former or usual residence		
(Informa	nt) Alexander Si		19 PLACE OF BURIAL O	RREMOVAL	DATE OF BURIAL
The second secon	diess) <u>Fllicott</u>	City Md.	St. Paul's Ceme	try	March 28, 1931
Filed 192 Registrar If more branks are needed, address State Registrar				Ellicott City .	

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesmon, (b) (a) Foreman, (b) Automobile foctory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Screent, Cook to report specifically the occupations of persons en-Housemuid, etc. If the occupation has been changed For many occupations a or yrs). For persons who have no occupation Form laborer, At Home, and children, without more precise specification as Doy Laborer-Cool mine, etc. Womsingle word or term on not gainfully em-(b) material Grocery,

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Framples: (*Crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." "Inanition, tions, such as "Asthenia," "Anaemia" (Increly symptom (secondary or intercurrent) affection need (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases "Uruemia," "Weakness," etc., when a definite disease Whooping cough; approved by Committee on as fracture of skull, carbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) (Recommendations on statement of cause of perilonacum, etc., Corcinoma, Sarcoma, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage " "Marasmus," "Old Age," "Shock," Chronic and consequences (e.g., sepsis, etc. valvular hcort Nomenclature The contributory Always qualify all not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent turther correspondence. All the data is essential and must be obtained before the certificate is permanently filed

6 1931 EAU V

PLACE OF DEATH	03306 STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH Registration Dist. No.
Village or City hear Long Corne (No	St.: Ward) (If death occurred a hospital or institution, give its NAME istend of street no number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored (Write the word) Married	16 DATE OF DEATH March 16, 1931
B DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Malive on Manual Lange, 193
about 69 yrs. mos. ds. Or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry	Clottle Friendfunct
business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER TORNOUND	(Signed) (Address) (Signed) (Signed) (Address)
(State or country) Unknown 12 MAIDEN NAME OF MOTHER UNKNOWN	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Unknown	At place of deathyrsmosds. In the Stateyrsmosds.
(Informant) Light Smith	Former or usual residence
(Address) me awy ma	Popular Spring Cem Mar. 20 192 20 UNDERTAKER ADDRESS
Registrai	The state of the s

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queser," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-(a) Foreman, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile foctory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, st_ted unless important. use of "Tumor" for malignant neoplasms); "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n_ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

PR 7 19

M	Exact	1PLACE OF DEATH County Howard	STATE OF MARYLAND CERTIFICATE OF DEATH
CORD	EXACTLY, Ply classified.	Village or City Recul (No. A) 2FULL NAME Lamus Ma	Registration Dist. No. 239 195 Aga Relace St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of etreet and number.)
	ated oper certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ADING R. NENT	ould be stamay be pre	3 BEX 4 COLOR OR RACE MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3 2 , 1935 / (Month) (Day) (Year)
R BINI	ACE she that it is ctions or	(Month) (Day) (Year)	that I last saw h a siive on 3 2 6 , 182 ,
/ED FO	pplied. A erms so t e instruct	7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date etated above, at 3.30 mm. The CAUSE OF DEATH * was as follows:
SER!	ly su lain t	(a) Trade, profession or particular kind of work (b) General nature of industry	Ocardio surs dunce
RE NG	be careful EATH in p important	business, or establishment in which employed or (employer) BIRTHPLACE (State or country) M.C.	Contributory Acut Carline Vilitation (Duration) yrs. mos de. (Duration) yrs. mos 2 de.
MARGIN TH UNFADI	should be of DE ls very	10 NAME OF FATHER Putin Smith.	(Signed) B Warren M. D. 3/27 1921 (Address) Level Wel
TIM	CAUSE TION	OF FATHER Z (State or country) / C.	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ïX,	Eod	of Mother Lakenow	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
1	d stat	OF MOTHER (State or Country) 2-C	At place of death
UTE P	em o shoul	(Informant) (Informant)	if not at place of death? Former or usual residence
W.W.	Every It CIANS stateme	(Address) 27/2 - 11 th 8x 44 West of	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MONCH 30 1931
S. No. 1	BE.	15 File Mar 7 198 / M. Brashearg	Mones Frazis
Δ.	ž	If more branks are needed, address State Registrar	W. Saratoga St. Balto Requesting N. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of oc whatever, write None. business, that fact may be indicated thus; Farmer (r or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on cspecially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) approved as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death taken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping clanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on cough; Chronic valvular heart etc. Nomenclature The contributory disease; not be

If this pertificate answered in detail, data is essential permanently filed. If this certificate is looked over thoroughly and all questions uswered in detail, it will prevent further correspondence. All the late is essential and must be obtained before the certificate is

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PLACE OF DEATH County Toward	03308 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Sylvesnell (No	Registration Dist. No. / 92 St.: Ward) St.: Ward) in hospital or institution, give its NAME I stend of street an number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH Max 24 , 1931 (Mouth) (Day) (Year)
(Month) (Day) (Year)	The 14 1931 to Mar 26 1991 that I last saw here alive on Mar 26 1951
7 AGE 16 LESS tha 1 day hr	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (B) General nature of industry	
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Mary Rose d	Contributory Prestate inday ground
10 NAME OF FATHER George & Streaker	(Signed) (Address) Clarkardle My
OF FATHER Z (State or country) 12 MAIDEN NAME 1.2 MAIDEN NAME 1.3 MAIDEN NAME 1.4 MAIDEN NAME 1.5 MAID	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER alice N Day 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrsmos. ds. Where was disease contracted, if not at place of death?
(Informant) & right Streath	Former or usual residence
(Address) sykesille mil	MA Year Century Mar 29, 1931.
15 File Mar 27 131 Mrs (ilice Hell	20 UNDERTAKER JODRESS

REVISED CERTIFICALE OF DEATH STANDARD

(Approved by U.S. Communication of the Communicatio

g ged in 'nome en at hom, er," e'c should addition: 1 line sary to know cupation Statement Spinner, b. the first tion tired 6 busines. state oc time or given to repo ployed. as Ar work. or A' definite - 11 househol Never re us worked on one of nature of the hadden Civil on on " Physician whateve. and ice to the time , A. RECEIVED

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BUREAU V.S. em le a cellula di la como di dinami or micerriage as unqualitud, Application of the control of the co LE CI. FOR THE STREET SHOWING OF INJUNE in all conditions of the second secon country for Wales married opening was underman of m. Czren stradenite; avoid ntributory einjury, sepsis, sepsis, disease To milis," etc. har a definite disease a stions ad tor be (_c_ondary), Hensles ; d'sense; etc., of death of the

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TYSI- Exact	PLACE OF DEATH County Oward	STATE OF MARYLAND CERTIFICATE OF DEATH
EXACTLY, PH y classified. I icate.	Village or Cit Ellicott City (No. Ellico	Registration Dist. No. /9/ St.: Ward) Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
N. B.—Every item of information should be carefully supplied. ACE should be stated E CIANS should state CAUSE CF DEATH in plain terms so that it may be properly statement of OCCUPATION is very important. See instructions on back of certific	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE 16 LESS than I day hrs. or min.? COCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from March (1924), that I last saw here alive on March (1924), and that death occurred on the date stated above, at 1924, and the date occurred on the date stated above, at 1924, and the date occurred on the date stated above, at 1924, and the date occurred on the date stated above, at 1924, and the date occurred on the date stated above, at 1924, and the date occurred on the date occurred occurred on the date occurred occurred on the date occurred occurred occurred occurred occurred occurred occurred occurred occurr
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (Ntate or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Filed Man (0 19) W Jinsell Registral	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 L'NGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yis mos. ds. State yrs mos. ds. Where was disease contracted, it not at place of dea h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAD DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS 18 W. Saratoga St., Balto., Lequesting V. B. 100-14
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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queser," etc., Wilnum laborer, Laborershould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Civil engineer, Physician, Compositor, Architect, Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Salesman. -Coal mine, etc. Wom-Locomolive engineer, (6) Grocery;

Stritement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "(E.haustion," "Heart failure, "Haemoirmage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Chronic interstitial nephritis, approved (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiscases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping "Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; by Committee on Nomenclature of the Chronic and consequences (e. g., sepsis, Example: Measles (disease "," "Com2," "Convulsions, etc. The contributory valvular heart disease; Measles;

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N. B.--

PLACE OF DEATH County Howard	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 193
Village or City Clary (No	St.: Ward) (If death occurred in a hospital or Institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR SWORCED (Write the word)	16 DATE OF DEATH March 2 5, 1923 / (Month) (Day) (Year)
March 26, 193/ (Month) (Day) /(Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 . to
7 AGE If LESS than I day hrs. or or omin.?	and that death occurred on the date stated above, at
(a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs, mos da
9 BIRTHPLACE (State or country) 10 NAME OF Gravilla Williams 11 BIRTHPLACE	Contributory Secondary (Duration) (Signed) (Signed) (Address) (Duration) (Duration) (Signed) (Address)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MANAGE OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidents, Suicidal or Homicidal. 10 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Mid	ients or Recent Residents) At place of deathyismosds. Stateyrsds. Where was disease contracted,
(Informant) Hanvill Williams (Address) Williams Filed Mar 2 7 1931 M Massim Registral	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL The leggy Burial Bake Pale - Harring Co. Int. 3/26/3/, 19 20 UNDERTAKER ADDRESS Wordhing In
	r, 16 W. Saratoga St., Balto., Lequesting V. S. i.o. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Light-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter tion applies to e.ch and every person, irrespective cf tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Salesman, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

> (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Always qualify all Measles ; disease;

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PLACE OF DEATH	STATE OF MARYLAND
County Horrard	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Elhrole (No.	Ca. WJ. (If death occurred in
A Committee of the Comm	a hospital or institu-
2FULL NAME Rosa Lee	Uilliaus stead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hewal Col Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mch 23 , 1931 (Month) (Day) (Year)
Fals (q^i) , 198	17 I HEREBY GERTIFY, That I attended the deceased from 12 1931 to Mel 23, 1931.
(Month) (Day) (Year)	- 10-
AGE [If LESS the	
H 4 grsh ds. dayh orh orh	
occupation (a) Trade, profession or particular kind of work	Arondial asthua
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, mos ds.
BIRTHPLACE	Contributory Secondary
(State or country)	Conference (Durstigh) yrs. mos. 5 ds.
10 NAME OF FATHER Color Herry Collins	(Signed) M. D.
II BIRTHPLACE	(Address)
OF FATHER (State or country) 12 MAIDEN NAME (The state of country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Henrilla Turn	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
1-1,1.00.	Former or usual residence
(Informant) for with the	A PLACE OF BURIAL OR BEMOVAL PATE OF BURIAL
(Address) Elkrido and	J. Stophen les Mars 3
Filed Man 82 493 Bird William Registrar	20 ULBERTAKER Sous Color WC
If more bianks are needed, address State Registr	ear, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the piseass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage," causing stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny (secondary or intercurrent) WhoopingAmerican Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," perilonacum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronic affection need valvular heart disease, etc. The contributory not be

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